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| (Signature) (Date) | (Depositor) | s name) |
|-----------------------|-------------|---------|
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---------------------|-------------|----------------------|---------------------|------------------|
| 10/617,689 | 07/14/2003 | Hiromichi Ito | 500.42924X00 | 3747 |
| TITLE OF INVENTION: | | | | |

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$1810 | 10/07/2010 |
| EXAN | MINER | ART UNIT | CLASS-SUBCLASS | | |

| 1. Change of correspondence address or indication of "Fee Address" (37 | For printing on the patent front page, list | , Brundidge & Stanger, P.C. |
|--|---|-----------------------------|
| CFR 1.363). Change of correspondence address (or Change of Correspondence | the names of up to 3 registered patent attorneys or agents OR, alternatively, | 1 |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | 2_ |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 3 |

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hitachi, Ltd.

Tokyo, Japan

| Please check the appropriate assignee category or categories (will not b 4a. The following fee(s) are enclosed: | e printed on the patent): |
|--|---|
| 🗹 Issue Fee | A check in the amount of the fee(s) is enclosed. |
| Publication Fee (No small entity discount permitted) | 2 Payment by credit card. Form PTO-2038 is attached. |
| Advance Order - # of Copies _ | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-4888 |
| 5. Change in Entity Status (from status indicated above) | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |

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Authorized Signature /DONNA K. MASON/

 $_{\mathrm{Date}}$ September 23, 2010

Typed or printed name Donna K. Mason

Registration No. 45,962

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